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(DiffON) OBSERVE P	19/
ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS  State File No.	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH Registered No 2.0.2.	
County 2 da	State
District or Township	or Village
City No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of chile I tauk albert do Bel Ju [If child is not yet named, make supplemental report, as directed.]	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other 6. Legitimate?	
in event of plural 5. No., in order of birth.	7. Date 0 - 23-1930 of birth Month Day Year
8. FATHER	14. MOTHER (I) A
Full name Trans albert 16 Belf	Full maiden name That nas Voulacle
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
11. Age at last birthday 2 (Years)	The 17. Age at last birthday 22 (Ycars)
12. Birthplace (city or place) Cinain all Chis.	18. Birthplace (city or place) Pleasant Valley
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of industry	Nature of industry
<u> </u>	
(20. Number of children of this mother	
certified and including this child.) (c) Stillborn.	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE'S 300 m, on the date above stated.	
* When there was no attending physician	
or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	
shows other evidence of life after birth.  (Physician or Midwife).  (Civen name added from	
a supplemental report Month, day, year Address Month, day, year	
Filed 11/9 1930 D.E. Wyhlman hale	
Registrar / 42 - 1025 23 Z	
The state of the s	

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